# MMSO Dental Provider Records for the MDR

1. Source

Source system: Military Medical Support Office (MMSO) claims database

1. Input Feed

Frequency: Transmission of the feed occurs on or near the 18th of each month.

Format: The feed contains a flat file, representing all providers who have submitted a dental claim.

All fields are fixed length in the flat file transmitted. Where MMSO is storing as “Varchar2,” the flat file will have the fields left-justified with any unused positions left blank.

Scope: The provider file is cumulative across time, and each record represents a single provider. Those providers who have not been active since before fiscal year 2002 will be filtered out. Only those providers who have filed a claim for dental services will appear in the file.

1. Organization and batching

Time slicing: The provider records will be in a single file that is cumulative across time.

Frequency: The file is refreshed monthly.

1. Filters

Only providers who have submitted dental claims will be included.

1. Data Manipulation

N/A

1. Updating the Master Tables

As the monthly feed contains full-table refreshes, the current month’s feed replaces the existing file each month.

1. Record layout and content

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| --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **Data Description** | **Data Type** | **Position** | **Source ID** | **Source System Table** | **Notes** |
| Provider Location Zip Code | Provider's Physical Location | Character(5) | 1-5 | DD\_185 | Claim Table |  |
| Treatment Facility Name | Treatment Facility Name | Character(45) | 6-50 | DD\_187 | Claim Table |  |
| Treatment Facility Street Line 1  | Treatment Facility Street Address line #1 | Character(35) | 51-85 | DD\_189 | Claim Table |  |
| Treatment Facility Street Line 2 | Treatment Facility Street Address line #2 | Character(35) | 86-120 | DD\_191 | Claim Table |  |
| Treatment Facility City | Treatment Facility City | Character(25) | 121-145 | DD\_192 | Claim Table |  |
| Treatment Facility State | Treatment Facility State | Character(2) | 146-147 | DD\_193 | Claim Table |  |
| Treatment Facility ZIP Code | Treatment Facility ZIP Code | Character(10) | 148-157 | DD\_194 | Claim Table |  |
| Provider ID | Provider taxpayer identification number (TIN) | Character(9) | 158-166 | DD\_368 | Coverage Request Table |  |
| Provider ID Suffix | Provider ID Suffix | Character(3) | 167-169 | DD\_371 | Coverage Request Table |  |

1. Special outputs

N/A